

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)

SERIAL NO

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1							61		
2							62		
3							63		
4							64		
6							65		
6							66		
7							67		
8							68		
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32							92		
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36							96		
37							97		
38							98		
39							99		
40							100		
41									
42									
43									
44									
46									
46									
47									
48									
49									
60									
TOTAL IND.	3						TOTAL IND.		
TOTAL DEP.	24						TOTAL DEP.		
TOTAL CLAIMS	27						TOTAL CLAIMS		